

REPRESENTATION PETITION

Is this an amended petition? \square Yes \checkmark No \square If yes, provide the case number:			
PARTIES I	nclude information for all parties involved.	TYPE OF RI	EQUEST Select ONE of the following.
EMPLOYER	WSU Cougar Health Services	NEW ORGANIZING to be certified as the representative	
Contact	Kendra Hsleh	!	es currently unrepresented.
Title	Director of Labor Relations		PRESENTED EMPLOYEES to an existing unit as described in WAC 391-25-080.
Address	PO box 641014	☐ CHANGE RE	EPRESENTATIVE of existing bargaining unit.
City, State, ZIF	Pullman, WA, 99164-1014	☐ REMOVE RE	EPRESENTATIVE of existing bargaining unit.
Phone	509-335-4521 Ext.	BARGAININ	NG UNIT
Email	kfonten@wsu.edu		
PETITIONER	Union ofAmerican Physicians and Der	For a new organizing petition, fill out section 2. For a petition to add unrepresented employees, fill out both sections 1 and 2. For a petition to change or remove the representative, fill out section 1.	
Contact	Joe Crane		
Title	Organizing Coordinator	SECTION 1—Describe the Existing Bargaining Unit:	
Address	2505 South 320th Street, Suite 240		
City, State, ZIF	Federal Way, WA, 98003		
Phone	360-281-6846 Ext	Number of Emp	oloyees in Existing Unit
Email	jcrane@uapd.com		
CURRENT BARGAINING REPRESENTATIVE		SECTION 2—Describe the Proposed Bargaining Unit: All MD's. DO's, ARNPs, PA's, APPs, ODs and Nutristionists. Excluding all other employees	
(If One Exists)	l	İ	, ,
Contact		Number of Emp	oloyees in Proposed Unit 11
Title		If a CBA exists	what is the expiration date?
Address		1	<u> </u>
City, State, Zip)	SHOWING	OF INTEREST
Phone	Ext		terest indicating the support of at least 30
Email			mployees in the bargaining unit must be filed a see instructions for more information.
PETITIONER REPRESENTATIVE			
Name	David A. Rosenfeld	Title	Attorney
Address	1375 55th Street	•	Emeryville, CA 94608
Phone	(510) 337-1001 Ext .	Email	drosenfeld@unioncounsel.net; court
Signature	Daw Araufold	Date	January 15, 2025